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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	To Be Assigned
Filing Date	Herewith
First Named Inventor	Dwayne T. Friesen
Title	Solid amorphous dispersions of an MTP inhibitor for treatment of obesity
Art Unit	To Be Assigned
Examiner Name	To Be Assigned
Attorney Docket Number	PC26205A

I hereby appoint:

☒ Practitioners at Customer Number

28523

OR

☐ Practitioners named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ The address associated with Customer Number

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☐ Firm or Individual Name

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Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/05)**SIGNATURE of Applicant or Assignee of Record**

Name

Dwayne T. Friesen

Signature

Date

5-4-06

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted

This collection of information is required by 37 CFR 1.31 and 1.33. This information is required to obtain or retain a benefit by the public which is to the land by the USPTO to process an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1460, Alexandria, VA 22313-1460. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2

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 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/6)

SIGNATURE of Applicant or Assignee of Record

Name	Ravi M Shanker
Signature	<i>Ravi M Shanker</i>
Date	May 5, 2016

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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